

Exhibit C

Summary Plan Description: Prescription Drug Coverage Details Supplement

PRESCRIPTION DRUG COVERAGE DETAILS SUPPLEMENT

This summary applies to individuals enrolled in one of the following medical options: Premier HSA Plan, HRA Plan, Group PPO Plan and Group Medicare Advantage PPO Plan.

2023 PLAN YEAR

PRESCRIPTION DRUG COVERAGE

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INTRODUCTION

INTRODUCTION

This summary applies to individuals enrolled in one of the following medical options: Premier HSA Plan, HRA Plan, Group PPO Plan and Group Medicare Advantage PPO Plan. If you are enrolled in one of these medical options under the Salaried Medical Plan or Salaried Retiree Medical Plan, this supplement, when taken together with the following other documents:

For the Salaried Medical Plan:

- General/Administrative Information Plan Details
- Salaried Medical Plan Details
- Premier HSA Plan Details Supplement
- HRA Plan Details Supplement
- Group PPO Plan Details Supplement
- Medicare Advantage Evidence of Coverage (EOC)

Important: If you are an active employee enrolled in an HMO, the description of your prescription drug benefits is provided in the Aetna Self-Funded HMO Plan Details or the Harvard Pilgrim HMO Plan Details available on the *FYB Website*; or for a fully insured HMO, in materials provided to you by the HMO rather than this Prescription Drug Coverage Details Supplement.

For the Salaried Retiree Medical Plan:

- Salaried Retiree Medical Plan for Post-4/1/85 Retirees/Dependents
- Premier HSA Plan Details Supplement
- HRA Plan Details Supplement
- Group PPO Plan Details Supplement
- Medicare Advantage Evidence of Coverage (EOC)

is considered your total Summary Plan Description (SPD) for the Salaried Medical Plan or Salaried Retiree Medical Plan (also referred to in this SPD as the “Plan” or the “Medical Plan”), as required by the Employee Retirement Income Security Act of 1974 (ERISA). Please read these documents carefully and refer to them when you need information about how the Plan works, what the benefits are, what to do in an emergency situation and how to handle service issues. They are also an excellent source for learning about many of the special programs available to you as a participant of the Salaried Medical Plan or the Salaried Retiree Medical Plan.

You will find certain terms starting with capital letters throughout this supplement. To help you understand your benefits, these terms are defined in the “Glossary of Terms” section in the Salaried Medical Plan Details (or for retirees, the Salaried Retiree Medical Plan SPD for Post-4/1/85 Retirees/Dependents) available on the *FYB Website*.

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INTRODUCTION

ACCESSING PLAN DETAILS/SUMMARY PLAN DESCRIPTIONS (SPDs) AND FORMS

To access/print Plan Details/SPDs/Medicare Advantage EOC for descriptions of particular benefit Plans, or forms and certain other benefit materials, visit the *For Your Benefit (FYB) Website* at <http://fyb.inj.com>.

Alternatively, you can submit a request through the *FYB Website* to have copies of these documents sent to your mailing address on file. You may also call the Benefit Service Center at 1-800-565-0122 (if calling from outside the U.S. or Canada: 1-847-883-0796; TDD: please call your local relay service). You will receive the materials requested within 30 days.

For Your Benefit (FYB)

To access the For Your Benefit (FYB) Website, log on to <http://fyb.inj.com>. When you log on you will need to provide your User ID and benefits password (see the box on the next page).

Benefit Service Center

If you have questions as you read through this Supplement, you may contact the Benefit Service Center at the numbers below. When you call, you will need to provide the last four digits of your Social Security number, your birth date and your benefits password (see the box on the next page). The phone numbers below include voice prompts that will connect you directly to the Service Administrators for the Salaried Medical Plan and Salaried Retiree Medical Plan.

To speak with a Benefit Service Representative, call the Benefit Service Center at the applicable number below and say "Representative" at the main menu. Representatives are available Monday through Friday, between 9:00 a.m. and 5:00 p.m., Eastern Time.

1-800-565-0122	Benefit Service Center
1-847-883-0796	For callers outside the United States or Canada
TDD	Please call your local relay service

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INTRODUCTION

BENEFIT SERVICE CENTER AUTHENTICATION

You will need your password whenever you call the Benefit Service Center. Instead of your User ID, however, you will enter or say the last four digits of your Social Security number and your date of birth.

To change your User ID or password, visit the *FYB Website* online as described on the preceding page and:

- If you do not remember your User ID and/or password, at the Log On screen, click on “I Forgot My User ID” or “I Forgot My Password.”
- If you know your User ID and/or password but want to change it, place your cursor over the “Your Profile” tab, click “Log On Information” and click on “Change.”

If you call the Benefit Service Center, say “Password Management” and follow the prompts.

Your new password will be delivered to your mailing address on file within seven business days. You may still call the Benefit Service Center and answer your security questions to authenticate while waiting for your new password.

If you cannot find the answer to your question(s) in the supplement, call the Member Services toll-free number on your ID card. A trained representative will be happy to help you. For more information, go to the “Member Services” section in the Salaried Medical Plan Details (or for retirees, the Salaried Retiree Medical Plan SPD for Post-4/1/85 Retirees/Dependents) available on the *FYB Website*.

This supplement applies only to those individuals described in the [Overview And Eligibility](#) section on the next page.

PRESCRIPTION DRUG COVERAGE

OVERVIEW & ELIGIBILITY

OVERVIEW AND ELIGIBILITY

Prescription drug benefits are administered by Express Scripts as follows:

Express Scripts Prescription Drug Plan For Non-Medicare-Eligible Individuals

This is the prescription drug coverage for:

- Active employees and their covered Dependents enrolled in the Premier HSA Plan, HRA Plan or Group PPO Plan; and
- Eligible Disabled Individuals or retirees and their covered Dependents enrolled in the Premier HSA Plan, HRA Plan or Group PPO Plan who are:
 - Not eligible for Medicare; or
 - Eligible for Medicare but not a citizen of the U.S. or not lawfully present in the U.S.

Express Scripts Medicare® (PDP) For Johnson & Johnson

This is the prescription drug coverage for:

- Eligible Disabled Individuals or retirees and their covered Dependents enrolled in the Premier HSA Plan, HRA Plan, Group PPO Plan or Group Medicare Advantage PPO Plan who are:
 - Eligible for Medicare Part A; and/or
 - Enrolled in Medicare Part B; and
 - A citizen of the U.S. or lawfully present in the U.S.

The Express Scripts Medicare® (PDP) for Johnson & Johnson is a Company-sponsored Medicare Part D prescription drug plan approved by the Centers for Medicare & Medicaid Services (CMS).

NOTE TO ELIGIBLE DISABLED INDIVIDUALS AND RETIREES

For Eligible Disabled Individuals and retirees, the determination of which plan you (Eligible Disabled Individual/retiree or a Dependent) are in is made on an individual basis. Therefore—if you (the Eligible Disabled Individual/retiree) are eligible for Medicare and your Dependent is not, you will be enrolled in the Express Scripts Medicare® (PDP) for Johnson & Johnson—and your Dependent will be enrolled in the Express Scripts prescription drug plan for non-Medicare-eligible individuals. Conversely, if you are not eligible for Medicare but your Dependent is, you will be enrolled in the Express Scripts prescription drug plan for non-Medicare-eligible individuals and your Dependent will be enrolled in the Express Scripts Medicare® (PDP) for Johnson & Johnson.

PRESCRIPTION DRUG COVERAGE

OVERVIEW & ELIGIBILITY

ID Cards And Contact Numbers

Express Scripts Prescription Drug Plan for Non-Medicare Eligible Individuals

Members will receive 2 ID cards for their family to use with the subscriber name only on the card.

Express Scripts Medicare (PDP) for Johnson & Johnson Medicare

Members will receive their own individual single ID card with their own name on it.

Please note that the Member Services telephone number is different for the non-Medicare versus Medicare plan, as shown below:

Express Scripts Prescription Drug Plan for Non-Medicare-Eligible Individuals: 1-866-713-7779; 24 hours a day, 7 days a week except Thanksgiving and Christmas days.

Express Scripts Medicare® (PDP) for Johnson & Johnson: 1-877-891-1143; 24 hours a day, 7 days a week.

For More Information

For more information about enrolling for prescription drug coverage, when coverage is effective, how to file a claim or an appeal, what happens if you retire, etc., refer to the General/Administrative Information Plan Details and Salaried Medical Plan Details (or for retirees, the Salaried Retiree Medical Plan SPD for Post-4/1/85 Retirees/Dependents) available on the *FYB Website*.

PRESCRIPTION DRUG COVERAGE

NON-MEDICARE PLAN BENEFITS

EXPRESS SCRIPTS PRESCRIPTION DRUG PLAN FOR NON-MEDICARE-ELIGIBLE INDIVIDUALS

How The Annual Deductible And Out-of-Pocket Maximum Relate To Prescription Drug Expenses

The medical option you are in determines whether your prescription drug expenses are subject to the medical option's Annual Deductible and/or Out-of-Pocket Maximum, as follows (for more information about the Annual Deductible or Out-of-Pocket Maximum, refer the Premier HSA Plan Details Supplement, HRA Plan Details Supplement or Group PPO Plan Details Supplement available on the *FYB Website*):

Premier HSA Plan

Under the Premier HSA Plan, your Annual Deductible must be met before most prescription drugs will be paid by the plan. Before the Annual Deductible is met, you will be responsible for the full discounted price (at participating retail pharmacies or home delivery) or the full retail price (at non-participating retail pharmacies), and that amount will be applied to the Annual Deductible. Any minimums and maximums (described below) do not apply until the Annual Deductible has been met. Expenses for prescription drugs also count toward the Out-of-Pocket Maximums.

According to IRS guidelines, certain prescription drugs that are used in the treatment of certain conditions can be covered under the Premier HSA Plan bypassing the Annual Deductible. The Premier HSA Plan includes coverage for certain prescription drugs – those on the “Prescription Drugs that do not require a Deductible under the Premier HSA Plan” list – before you meet the Annual Deductible. This drug list is created by Express Scripts, in accordance with the IRS, and may change from time to time. Find this list on the *FYB Website* or by contacting Express Scripts.

- Drugs manufactured/marketed by the Johnson & Johnson Family of Companies on the “Prescription Drugs that do not require a Deductible under the Premier HSA Plan” list will be covered at 100%.
- All other drugs on the “Prescription Drugs that do not require a Deductible under the Premier HSA Plan” list will be covered at the usual prescription drug coinsurance described below.

For all drugs not on the “Prescription Drugs that do not require a Deductible under the Premier HSA Plan” list, including those manufactured/ marketed by the Johnson & Johnson Family of Companies, you pay the full cost of the drug until you meet the Annual Deductible.

HRA Plan

Under the HRA Plan, prescription drug expenses do not count toward satisfying the Annual Deductible. However, expenses for prescription drugs do count toward the Out-of-Pocket Maximums.

Prescription drug expenses cannot be paid for by your HRA Fund.

PRESCRIPTION DRUG COVERAGE

NON-MEDICARE PLAN BENEFITS

Group PPO Plan

Under the Group PPO Plan, prescription drug expenses do not count toward satisfying either the Annual Deductible or the Out-of-Pocket Maximum. However, the Coinsurance amounts for prescription drugs do count toward the prescriptions drug Out-of-Pocket Maximum described below:

PRESCRIPTION DRUG OUT-OF-POCKET MAXIMUM

The prescription drug Out-of-Pocket Maximum under the Group PPO Plan is the most you will need to pay within a Plan Year for your Coinsurance amounts for all prescription drugs purchased through a retail pharmacy or through home delivery.

The individual prescription drug Out-of-Pocket Maximum is \$2,000. The family prescription drug Out-of-Pocket Maximum is two times the individual amount, or \$4,000. The \$4,000 family prescription drug Out-of-Pocket Maximum can be satisfied by any combination of individual prescription drug Out-of-Pocket Maximum amounts. However, no one family member can satisfy more than the stated individual prescription drug Out-of-Pocket Maximum toward meeting the family prescription drug Out-of-Pocket Maximum. Once met, all eligible prescription drug expenses will be paid at 100% of the prescription drug's discounted price if purchased at a participating retail pharmacy or through home delivery or 100% of the retail price if purchased at a non-participating retail pharmacy for the remainder of the Plan Year.

The prescription drug Out-of-Pocket Maximum does not include ineligible expenses and, for prescription drugs purchased at a participating retail pharmacy or through home delivery, amounts that exceed a prescription drug's discounted price.

Filling Prescriptions Through A Retail Pharmacy

Participating Retail Pharmacy

You must present your Express Scripts ID card to the pharmacist to receive In-Network benefits. You pay 20% of a prescription drug's discounted price, up to a maximum of \$125 per prescription for up to a 30-day supply. The plan pays 80%, plus any additional cost above your \$125 maximum charge. There is a \$10 minimum; however, if a drug costs less than \$10, you will pay the actual cost.

Reminder: Under the Premier HSA Plan, for most prescription drugs, you must first meet your Annual Deductible before the plan will start paying benefits (for exceptions to this, see the "Prescription Drugs that do not require a Deductible under the Premier HSA Plan" list on the *FYB Website*).

Provided you present your Express Scripts ID card at the time of purchase, you do not need to submit a claim form.

To check if your pharmacy is a participating pharmacy, call Member Services at the phone number on your Express Scripts ID card or log on to www.express-scripts.com/inj.

PRESCRIPTION DRUG COVERAGE

NON-MEDICARE PLAN BENEFITS

Non-Participating Retail Pharmacy

You are responsible for 20% of the retail price and the plan will reimburse you 80% of the retail price; however, the plan minimums and maximums do not apply. You will need to pay the pharmacy and submit a claim form for reimbursement. Claim forms and instructions are available on the *FYB Website*.

Reminder: Under the Premier HSA Plan, for most prescription drugs, you must first meet your Annual Deductible before the plan will start paying benefits (for exceptions to this, see the “Prescription Drugs that do not require a Deductible under the Premier HSA Plan” list on the *FYB Website*).

Filling Prescriptions Through Home Delivery

If you use the home delivery prescription option for eligible maintenance prescriptions, you pay 15% of a prescription drug’s discounted price, up to a maximum of \$125 per prescription for up to a 90-day supply. The plan pays 85%, plus any additional cost above your \$125 maximum charge. There is a \$20 minimum; however, if a drug costs less than \$20, you will pay the actual cost of the drug.

Reminder: Under the Premier HSA Plan, for most prescription drugs, you must first meet your Annual Deductible before the plan will start paying benefits (for exceptions to this, see the “Prescription Drugs that do not require a Deductible under the Premier HSA Plan” list on the *FYB Website*).

Forms and instructions are available through the *FYB Website* and at www.express-scripts.com/jnj. You can order home delivery prescription refills online at www.express-scripts.com/jnj or by calling Express Scripts at 1-866-713-7779.

Non-Sedating Antihistamines (NSAs) And Proton Pump Inhibitors (PPIs)

For prescription Non-Sedating Antihistamines (NSAs) and prescription Proton Pump Inhibitors (PPIs), you pay 40%, no minimum or maximum, for up to a 30-day supply for participating and non-participating retail pharmacies and up to a 90-day supply for home delivery.

Reminder: Under the Premier HSA Plan, for most prescription drugs, you must first meet your Annual Deductible before the plan will start paying benefits (for exceptions to this, see the “Prescription Drugs that do not require a Deductible under the Premier HSA Plan” list on the *FYB Website*).

60% Covered Medications

For certain prescription medications, because of the availability and value of lower cost alternatives you pay 40%, no minimum or maximum, for up to a 30-day supply for participating and non-participating retail pharmacies and up to a 90-day supply for home delivery.

For a list of these medications, please visit the FYB Website or the Express Scripts member website at www.express-scripts.com/jnj.

PRESCRIPTION DRUG COVERAGE

NON-MEDICARE PLAN BENEFITS

Reminder: Under the Premier Medical HSA Plan, for most prescription drugs, you must first meet your Annual Deductible before the plan will start paying benefits (for exceptions to this, see the “Prescription Drugs that do not require a Deductible under Premier Medical HSA Plan” list on the FYB Website).

Contraceptive Drugs

Prescription contraceptive drugs are covered as follows:

- Prescription generic contraceptive drugs and prescription intravaginal devices purchased at any participating or non-participating retail pharmacy and through home delivery are covered at 100%. Brand contraceptive drugs may be covered at 100% upon review by Express Scripts.
- Contraceptive drugs manufactured/marketed by the Johnson & Johnson Family of Companies and purchased at any retail pharmacy or through home delivery are covered at 100%. Under the Premier HSA Plan, you must first meet your Annual Deductible before the plan will start paying benefits.

Approved Tobacco Cessation Medications And Nicotine Replacement Products

The plan pays 100% for approved prescription and over-the-counter tobacco cessation medications and nicotine replacement products.

Drugs Manufactured/Marketed By The Johnson & Johnson Family Of Companies

The plan pays 100% for drugs that are manufactured or marketed by the Johnson & Johnson Family of Companies; this applies to drugs obtained at any pharmacy or through home delivery. A list of these drugs is available on the *FYB Website* or by calling Member Services at the phone number on your Express Scripts ID card.

Reminder: Under the Premier HSA Plan, for most prescription drugs manufactured/marketed by the Johnson & Johnson Family of Companies, you must first meet your Annual Deductible before the plan will start paying benefits (for exceptions to this, see the “Prescription Drugs that do not require a Deductible under the Premier HSA Plan” list on the *FYB Website*).

Prior Authorization And Drug Quantity Management

Express Scripts also provides services to promote and enforce the appropriate use of pharmacy benefits, such as review for possible excessive use; proper dosage; drug interactions or drug/pregnancy concerns. Prescription drugs, unless otherwise stated below, must be Medically Necessary and not experimental/investigational, in order to be covered services. For certain prescription drugs, the prescribing Physician may be asked to provide additional information before Express Scripts can determine Medical Necessity. Express Scripts may, establish quantity limits, prior authorizations or other plan limits for specific prescription drugs. Covered services will be limited based on Medical Necessity, quantity limits established by the plan, or utilization guidelines. Please ask your Provider or Network

PRESCRIPTION DRUG COVERAGE

NON-MEDICARE PLAN BENEFITS

pharmacist to check with Express Scripts to verify any applicable limits or utilization guidelines.

Specialty Medications: Express Scripts will need to review and approve new prescriptions for certain specialty medications (excluding medications that are manufactured/marketed by the Johnson & Johnson Family of Companies) with your doctor before they can be covered under your prescription drug benefit.

If you or a covered Dependent has a new prescription for a specialty medication, ask your doctor to call Express Scripts at 1-844-374-7377 (24 hours a day, 7 days a week) to arrange for a review of this medication to minimize delays in obtaining the medication at your local pharmacy. Your doctor will need to provide Express Scripts with detailed information to ensure it is being utilized based on FDA-approved prescribing and safety information, clinical guidelines and uses that are considered reasonable, safe and effective.

A specialty medication is defined as a drug that is typically used to treat a chronic, complex condition, such as cancer, growth hormone deficiency, hemophilia, hepatitis C, immune deficiency, multiple sclerosis and rheumatoid arthritis, and has one or more key characteristics, including:

- The requirement for frequent dosing adjustments and intensive clinical monitoring to decrease the potential for drug toxicity and increase the probability for beneficial treatment outcomes;
- The need for intensive patient training and compliance assistance to facilitate therapeutic goals
- Limited or exclusive specialty pharmacy distribution; and/or
- Specialized product handling and/or administration requirements.

Express Scripts' dedicated specialty pharmacy, Accredo Health Group, Inc., is composed of therapy-specific teams that provide an enhanced level of personalized service to patients with special therapy needs. Whether they're administered by a health care professional, self-injected or taken by mouth, specialty medications require an enhanced level of service. By ordering your specialty medication through Accredo, you can receive:

- Toll-free access to specialty-trained pharmacists and nurses 24/7
- Expedited, scheduled delivery of your medications at no additional charge
- Necessary supplies, such as needles and syringes, provided with your medications
- Safety checks to help prevent potential drug interactions
- Refill reminders, and
- Health and safety monitoring.

PRESCRIPTION DRUG COVERAGE

NON-MEDICARE PLAN BENEFITS

Note: If you or a covered Dependent were prescribed and taking a specialty medication, prior authorization may be required by Express Scripts in the future to continue to be covered.

Compound Medications

Compound medications, by nature, have multiple ingredients. Since they are not regulated by the U.S. Food and Drug Administration (FDA), they can pose serious risks to patients and may not even be effective to treat the diagnosed condition. Therefore, since the FDA does not confirm their quality, safety and effectiveness, compound medications are not covered under the prescription drug plan for non-Medicare-eligible individuals. If your Doctor prescribes a compound medication, ask him or her to prescribe you an FDA-approved medication and contact Express Scripts Customer Service at the phone number on your Express Scripts ID card to make sure the prescription will be covered under your plan.

Miscellaneous Medications

Medications that are non-FDA approved or that offer no therapeutic improvement including compounding kits, pain patches or topical creams/ointments or gels are not covered under the plan.

PRESCRIPTION DRUG COVERAGE

MEDICARE PLAN BENEFITS

EXPRESS SCRIPTS PRESCRIPTION DRUG PLAN FOR MEDICARE INDIVIDUALS

The Express Scripts Medicare® (PDP) for Johnson & Johnson does not have the deductible stage that many other Medicare Part D plans have but is required by the Centers for Medicare & Medicaid Services (CMS) to have the other stages that a standard Medicare Part D plan has. These are the: initial coverage stage, coverage gap (informally known as the “donut hole”) stage and catastrophic coverage stage. However, because the Company is providing a benefit that provides an enhanced benefit to the standard Medicare Part D benefit – that is, a more generous benefit above and beyond the standard Medicare Part D plan – you will pay the same Coinsurance percentages in the initial coverage and coverage gap stages. Under the Express Scripts Medicare® (PDP) for Johnson & Johnson:

- There is no deductible;
- The Coinsurance percentages that you pay will be the same in the initial coverage and coverage gap stages so you will not experience a coverage gap; and
- If you reach the catastrophic coverage stage (it is reached after your yearly out-of-pocket drug costs [referred to as the True Out-of-Pocket (TrOOP)] reach a certain amount), you will pay a lower Coinsurance percentage for your prescription drugs for the balance of the Plan Year.

Note: Prescription drug expenses do not count toward satisfying either the Annual Deductible or Out-of-Pocket Maximum under your Medical Plan option. There is not a prescription drug Out-of-Pocket Maximum under the Express Scripts Medicare® (PDP) for Johnson & Johnson.

Filling Prescriptions Through A Retail Pharmacy

Participating Retail Pharmacy

If you take your prescription to a participating retail pharmacy and present your Express Scripts Medicare ID card, you will pay 20% of a prescription drug's discounted price, up to a maximum of \$125 per prescription for up to a 31-day supply. The plan pays 80%, plus any additional cost above your \$125 maximum charge. There is a \$10 minimum; however, if a drug costs less than \$10, you will pay the actual cost. Provided you present your Express Scripts Medicare ID card at the time of purchase, you do not need to submit a claim form.

To check if your pharmacy is a participating pharmacy, call Customer Service at the phone number on your Express Scripts Medicare ID card or log on to www.Express-Scripts.com/jnj.

Note: Veteran's Administration (VA) pharmacies are not participating pharmacies. If you are eligible for prescription drug coverage through the VA, you can still use that coverage instead of coverage under the Express Scripts Medicare® (PDP) for Johnson & Johnson.

Non-Participating Retail Pharmacy

In an emergency situation, if you take your prescription to a non-participating retail pharmacy, your responsibility will be 20% of a prescription drug's retail price, up to a maximum of \$125 per prescription for up to a 31-day supply. However, you will need to pay the full retail price

PRESCRIPTION DRUG COVERAGE

MEDICARE PLAN BENEFITS

of the drug at the pharmacy and submit a claim form (available through the *FYB Website* and at www.Express-Scripts.com/jnj) for reimbursement. The plan will reimburse you 80% of the retail cost of the prescription, plus any additional cost above your \$125 maximum charge. There is a \$10 minimum; however, if a drug costs less than \$10, you will pay the actual cost. **Important:** If an emergency does not apply, there will not be any benefit paid for a prescription received at a non-participating retail pharmacy.

Filling Prescriptions Through Home Delivery

If you use the home delivery prescription option for eligible maintenance prescriptions, you pay 15% of a prescription drug's discounted price, up to a maximum of \$125 per prescription for up to a 90-day supply. The plan pays 85%, plus any additional cost above your \$125 maximum charge. There is a \$20 minimum; however, if a drug costs less than \$20, you will pay the actual cost of the drug.

Forms and instructions are available through the *FYB Website* and at www.Express-Scripts.com/jnj. You can order home delivery prescription refills online at www.Express-Scripts.com/jnj or by calling Express Scripts at 1-877-891-1143.

Non-Sedating Antihistamines (NSAs) And Proton Pump Inhibitors (PPIs)

Prescription Non-Sedating Antihistamines (NSAs) and prescription Proton Pump Inhibitors (PPIs) are covered at the same Coinsurance levels as other prescription drugs, as described above, depending on where they are purchased.

Contraceptive Drugs

Prescription contraceptive drugs are covered as follows:

- Generic contraceptive drugs purchased at any participating retail pharmacy and through home delivery are covered at 100%. Generic contraceptive drugs purchased at a non-participating retail pharmacy are not considered an 'emergency medication' and therefore would not be covered.
- Contraceptive drugs manufactured/marketed by the Johnson & Johnson Family of Companies and purchased at any retail pharmacy or through home delivery are covered at 100%.

Tobacco Cessation Medications And Nicotine Replacement Products

The plan pays 100% for approved prescription and over-the-counter tobacco cessation medications and nicotine replacement products.

Drugs Manufactured/Marketed By The Johnson & Johnson Family Of Companies

The plan pays 100% for drugs that are manufactured or marketed by the Johnson & Johnson Family of Companies; this applies to drugs obtained at any pharmacy or through home delivery. A list of these drugs is available on the *FYB Website* or by calling Customer Service at the phone number on your Express Scripts Medicare ID card.

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MEDICARE PLAN BENEFITS

Catastrophic Coverage

CATASTROPHIC COVERAGE

Once an individual's out-of-pocket costs in a Plan Year reach the Medicare Part D "true out-of-pocket" limit (TrOOP) – \$7,050 for 2022 – the plan pays an enhanced benefit for your prescription drugs (minimum of 95%) for the balance of the Plan Year. TrOOP is the amount you and/or others pay on your behalf during the Plan Year for your prescription drugs, including manufacturer discounts but excluding payments made by the Express Scripts Medicare® (PDP) for Johnson & Johnson.

Medicare Part B Versus Medicare Part D Prescription Drug Determination

Certain drugs may be covered as either a Medicare Part B or Part D drug depending on the reason they were prescribed. Express Scripts will perform a coverage review to determine the appropriate payer (Medicare Part B or Part D) before your pharmacy fills your prescription.

Prior Authorization And Drug Quantity Management

Express Scripts also provides services to promote and enforce the appropriate use of pharmacy benefits, such as review for possible excessive use; proper dosage; drug interactions or drug/pregnancy concerns. Prescription drugs, unless otherwise stated below, must be Medically Necessary and not experimental/investigational, in order to be covered services. For certain prescription drugs, the prescribing Physician may be asked to provide additional information before Express Scripts can determine Medical Necessity. Express Scripts may, in its sole discretion, establish quantity limits, prior authorizations or other plan limits for specific prescription drugs. Covered services will be limited based on Medical Necessity, quantity limits established by the plan, or utilization guidelines. Please ask your Provider or Network pharmacist to check with Express Scripts to verify any applicable limits or utilization guidelines.

Specialty Medications: Express Scripts will need to review and approve new prescriptions for certain specialty medications (excluding medications that are manufactured/marketed by the Johnson & Johnson Family of Companies) with your doctor before they can be covered under your prescription drug benefit.

If you or a covered Dependent has a new prescription for a specialty medication, ask your doctor to call Express Scripts at 1-844-374-7377 (24 hours a day, 7 days a week) to arrange for a review of this medication to minimize delays in obtaining the medication at your local pharmacy. Your doctor will need to provide Express Scripts with detailed information to ensure it is being utilized based on FDA-approved prescribing and safety information, clinical guidelines and uses that are considered reasonable, safe and effective.

A specialty medication is defined as a drug that is typically used to treat a chronic, complex condition, such as cancer, growth hormone deficiency, hemophilia, hepatitis C, immune deficiency, multiple sclerosis and rheumatoid arthritis, and has one or more key characteristics, including:

PRESCRIPTION DRUG COVERAGE

MEDICARE PLAN BENEFITS

- The requirement for frequent dosing adjustments and intensive clinical monitoring to decrease the potential for drug toxicity and increase the probability for beneficial treatment outcomes;
- The need for intensive patient training and compliance assistance to facilitate therapeutic goals
- Limited or exclusive specialty pharmacy distribution; and/or
- Specialized product handling and/or administration requirements.

Note: If you or a covered Dependent were prescribed and taking a specialty medication prior authorization may be required by Express Scripts in the future to continue to be covered.

Express Scripts' dedicated specialty pharmacy, Accredo Health Group, Inc., is composed of therapy-specific teams that provide an enhanced level of personalized service to patients with special therapy needs. Whether they're administered by a health care professional, self-injected or taken by mouth, specialty medications require an enhanced level of service. By ordering your specialty medication through Accredo, you can receive:

- Toll-free access to specialty-trained pharmacists and nurses 24/7
- Expedited, scheduled delivery of your medications at no additional charge
- Necessary supplies, such as needles and syringes, provided with your medications
- Safety checks to help prevent potential drug interactions
- Refill reminders, and
- Health and safety monitoring.

Compound Medications

Compound medications, by nature, have multiple ingredients. Since they are not regulated by the U.S. Food and Drug Administration (FDA), they can pose serious risks to patients and may not even be effective to treat the diagnosed condition. Therefore, since the FDA does not confirm their quality, safety and effectiveness, compound medications are not covered under the Express Scripts Medicare® (PDP) for Johnson & Johnson. If your Doctor prescribes a compound medication, ask him or her to prescribe you an FDA-approved medication and contact Express Scripts Customer Service at the phone number on your Express Scripts Medicare ID card to make sure the prescription will be covered under your plan.

Miscellaneous Medications

Medications that are non-FDA approved or that offer no therapeutic improvement including compounding kits, pain patches or topical creams/ointments or gels are not covered under the plan.

PRESCRIPTION DRUG COVERAGE

MEDICARE PLAN BENEFITS

Medication Therapy Management (MTM)

This is a free service available to individuals enrolled in the Express Scripts Medicare® (PDP) for Johnson & Johnson. You may be invited to participate in this program which is designed for your specific health and pharmacy needs. The program provides for one-on-one patient consultation with trained staff to help with a patient's self-management of medication. Participation is voluntary, so you may decide not to participate.

Extra Help For Low-Income Individuals

If Medicare identifies you as an individual that qualifies for "Extra Help" to pay for your prescription drug costs, you will receive a letter from Express Scripts informing you of your low-income subsidy level for the year. This financial assistance can take the form of premium reductions and/or enhanced benefits. If you qualify for Extra Help, the Coinsurance percentage you pay for most prescription drugs could range from 0% to 15%, depending on your income level. If you qualify, Express Scripts will advise you of the exact amount of your copay or Coinsurance.

Additional Premium For High Income Individuals

An additional premium for Medicare Part D coverage, called the "income-related monthly adjustment amount" (D-IRMAA), was introduced by the Affordable Care Act (Health Care Reform). If your modified adjusted gross income as reported on your IRS tax return from two years ago is in excess of \$85,000 as an individual or \$170,000 for a couple filing a joint tax return, you will have to pay extra for your Medicare prescription drug coverage. See the "Additional Premium For High-Income Medicare-Eligible Individuals" in the General/Administrative Information Plan Details (for Eligible Disabled Individuals) or the Salaried Retiree Medical Plan SPD for Retirees/Dependents (for retirees) available on the *FYB Website* for more information.